

# THE MEDICAL AND SURGICAL REPORTER.

No. 671.]

PHILADELPHIA, JANUARY 8, 1870.

[Vol. XXII.—No. 2.]

## ORIGINAL DEPARTMENT.

### BIOGRAPHICAL SKETCH OF PROFESSOR GROSS.

DR. GROSS, whose portrait accompanies this number of the REPORTER, was born near Easton, Northampton county, Pennsylvania, on the 8th of July, 1805. After receiving a classical education at the Academy at Wilkesbarre, and at the High School at Lawrenceville, New Jersey, now under the charge of the brothers Hammill, he commenced the study of medicine with Dr. Joseph K. Swift, at Easton, and subsequently entered the office of the late Prof. Geo. McClellan, whose private tuition he enjoyed for nearly two years, graduating at the Jefferson Medical College, of this city, in the spring of 1828. He soon after opened an office at the corner of Library and Fifth streets, but not finding much encouragement in practice, he left Philadelphia in 1830 for Easton, where he remained for the next two years and a half, when he emigrated to Cincinnati to assume the duties of the Demonstratorship of Anatomy in the Medical College of Ohio. He continued in this position, however, for only two sessions; for at the end of this period, the Medical Department of the Cincinnati College was organized, with a chair of Pathological Anatomy, to which he was unanimously elected by the Board of Trustees. He discharged the duties of this chair with great zeal and industry, and was thus the first person who taught morbid anatomy systematically in the United States. In 1840 he was appointed Professor of Surgery in the University of Louisville, and, accordingly in the autumn of that year, he left Cincinnati, abandoning a large and lucrative practice and an enviable social and professional position. He remained in Kentucky sixteen years, with the exception of one winter, which he spent at the New York University, as the successor of Dr. Valentine Mott. In 1856, upon the resignation of Dr.

Thomas D. Mütter, Dr. Gross accepted the chair of Surgery in his Alma Mater, and has ever since resided in Philadelphia.

Dr. Gross became an author at an early period of his life. His first effort as a literary man was a translation of Boyle and Hollard's General Anatomy, which was followed in rapid succession by Hatin's Manual of Obstetrics, Hildenbrand on Typhus Fever, and Taver-nier's Operative Surgery. His first original work was his Treatise on the Diseases and Injuries of the Bones and Joints, including Fractures and Dislocations, issued in 1830. In this work he called attention, for the first time, to the use of adhesive plaster as a means of extension in the treatment of fractures, a mode of dressing now become classical. During his connection with the Cincinnati College he published, in two volumes, his well-known Elements of Pathological Anatomy, the only systematic treatise on the subject ever produced in this country. This work has passed through three large editions, and met with general favor from the public press. Soon after his removal to Louisville, DR. GROSS edited an edition of Liston's Surgery, with large and important additions; and entered upon a series of experiments upon dogs for the purpose of determining the best mode of treating wounds of the intestines. Upwards of two years were spent upon these investigations, the results of which were given to the profession in a series of papers in the Western Journal of Medicine and Surgery, and finally embodied in an octavo volume of nearly two hundred and fifty pages. Nearly one hundred dogs were sacrificed for this object.

In 1851 appeared his Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, the Prostate Gland, and the Urethra, of which a new edition, revised and much enlarged, was issued in 1855. A work on this subject was at that time much

needed, and it was at once received as an authority, as it is by far the most elaborate production upon the subject in any language. The *Treatise on Foreign Bodies in the Air Passages*, also an exhaustive work, was published in 1854, in an octavo volume of four hundred and sixty-eight pages, and was the first attempt that was ever made in any language to systematize our knowledge in this department of the healing art. His next work was his well-known and highly popular *System of Surgery*, in two large octavo volumes, published in 1859, which established for him at once a broad national and foreign reputation. A fourth edition of the *System*, thoroughly revised and much enlarged, appeared in 1866. In 1861, he edited the lives of eminent American Physicians and Surgeons of the 19th century, to which he contributed several sketches.

Dr. GROSS has been a most liberal contributor to the periodical press, and for five years he was the principal editor of the *North American Medico Chirurgical Review*, a bi-monthly journal, conducted with marked ability. He is the author of numerous addresses, introductory and valedictory, and of biographical memoirs of various physicians and surgeons, as AMBROSE PARÉ, EPHRAIM McDOWELL, DANIEL DRAKE, JOHN SYNG DORSEY, J. COBB, CHARLES SHORT, VALENTINE MOTT, and ROBLEY DUNGLISON. During his residence at Louisville he prepared an elaborate report on Kentucky Surgery, afterwards published in the *Transactions of the Kentucky State Medical Society*, and he is also the author of several exhaustive papers in the *Transactions of the American Medical Association*.

As a lecturer, a teacher, a surgeon, an operator, and a general practitioner, Dr. GROSS is well known. In the amphitheatre he has always been very popular, and has never failed to command the respect and affection of his pupils. He is now engaged in the delivery of his thirtieth course of lectures on surgery; and during all this time he has seldom been a day absent from his post. He was a Hospital Surgeon for twenty-seven years.

Dr. GROSS is a member of the American Philosophical Society, and of a number of Medical, Literary and Scientific Societies, foreign and domestic. In 1862 he was made a member of the Imperial Royal Medical Society of Vienna, and in 1868 of the Royal Medical and Chirurgical Society of London. The Jefferson College, at Cannonsburgh, Pennsylvania, some years ago conferred upon him the degree of LL. D. In 1867 he was elected President of the American Medical Association, which he afterwards represented at the British Medical Association at its meeting at Oxford, in August, 1868. Of this association he was at the time created an honorary member.

## LECTURES.

## A LECTURE ON DIABETES MELLITUS.

By A. P. DUTCHEP, M. D.,

Of Cleveland, Ohio.

(CONTINUED, from page 3.)

From the clinical history of the case, it was evident that the patient was suffering from *diabetes mellitus*; and the following treatment was instituted. He was to have a warm bath every night on retiring to rest; his diet was to be chiefly animal; tea, coffee and milk were allowed for drink. He was to take moderate exercise in the open air; sleep in a large room well ventilated; totally abstain from all alcoholic stimulants and sexual intercourse. At night he was to have one grain of opium and half a grain of ext. belladonna. As a tonic he was to take one of the following pills three times a day after each meal:

R. Ferri pyrophosphatis,	3j.
Quinise sulph.,	gr. xxx.
Strychniae,	gr. j.
Ext. gentianae,	3j. M.
Ft. in pill., No. xxx.	

Under this plan of treatment the urine was soon reduced to six pints in the course of twenty-four hours; his appetite and digestion were improved, his strength increased, and there appeared to be a faint hope that he might be restored to partial health. But, unfortunately, on the first of October he was attacked with enteric typhoid fever. It was, however, mild in its form, and by the 21st day he was convalescent. I ceased my attendance on the 22d, and saw no more of him until the 4th of November. He came to see me early in the morning; stated that the day before he had walked three miles; ate a very hearty supper, and at an early hour retired to rest. About four o'clock in the morning he awoke with a severe pain in the bowels, which he attributed to costiveness, as he had not had a movement for five days. He was ordered a desert spoonful of the following, every 4 hours:

R. Syrup. rhei comp.,	
Ext. sennae fluid.,	aa. f. 3j. M.

The second spoonful produced a large evacuation from the bowels, which relieved the pain at once. The next day he was very comfortable until about 9 o'clock in the evening, when he began to complain of pain in the chest, and dyspnoea. When I saw him at 10 o'clock, his pulse was almost imperceptible. I ordered

stimulants, but he soon became insensible, and died the next morning about 8 o'clock.

*Post-mortem* twenty-six hours after death.

The *heart* and *lungs* were normal.

The *liver* was very much enlarged, and presented marked evidence of amyloid degeneration.

The *spleen* was somewhat larger than usual, congested, and when cut appeared harder than common.

The *stomach* was healthy, with the exception of a slight congestion of the mucous coat.

The *intestines*, both small and large, were congested and in places altered in structure. These lesions were softening of the mucous membrane, thickening of Peyer's patches, enlargement and chance ulceration of the solitary glands, with intense congestion of the valvulæ conniventes.

The *bladder* was large and contained about three pints of light colored urine. One of the ureters was very much enlarged, and contained considerable urine, but a careful exploration did not show any obstruction at its outlet into the bladder.

The *kidneys* were enlarged. One of them weighed nine ounces. The capsules were slightly thickened and adherent, the surfaces were smooth, pale, but showing dilated veins. On section they exhibited all the characteristics of the amyloid kidney, in its first stage.

In this case the typhoid disease was the principal cause of the patient's sudden death. The amyloid condition of the liver and kidneys was a secondary complication of the diabetic malady. I have no idea that the amyloid condition of these organs was the cause of the diabetes. The amyloid condition of the kidneys is often found in other wasting diseases, such as pulmonary tuberculosis. I have in my book of MEDICAL FRAGMENTS, the post-mortem of three cases of diabetes, wherein the amyloid kidneys were found, and my young friend, Dr. Palmer, of this city, has recorded another, which he saw at the Bellevue Hospital, New York, while a student there.

### III.—THE ESSENTIAL NATURE OF DIABETES.

As to the essential nature of this disease, various opinions have been entertained by many of our best medical philosophers. But none of them have withstood the test of criticism so well as that advanced by M. Claude Bernard. In 1848 this distinguished physiologist made the discovery, that the liver, besides the secretion of bile, has another very important function, the production of sugar. Now

it is well known that, under ordinary circumstances, a considerable amount of saccharine matter is introduced into the system with the food, or produced by starchy substances by the digestive process in the stomach and duodenum. In man, and some other animals, an abundant supply of sugar is derived from these sources, and this appears necessary for the proper support of the vital functions. The sugar absorbed from the intestines, is destroyed by decomposition after entering the circulation, but these very chemical changes are necessary for the proper constitution of the blood, and the healthy nutrition of the tissues.

Experiments show, moreover, that the system does not depend entirely upon external sources for supplies of sugar, but that it is produced independently in the liver, whatever may be the nature of the food upon which the animal subsists. Thus the milk of carnivorous animals contains sugar, and in the human subject, when affected with diabetes, the sugar often appears altogether out of proportion to that which could be accounted for by the vegetable substances taken in as food. Bernard has shown that in this instance most of the sugar has an internal origin, and that it makes its first appearance in the liver.

The sugar thus formed in the liver has been called HEPATINE, and very much resembles glucose, or the sugar of starch, the sugar of honey or milk, but is not absolutely identical with either. It is distinguished from all others, says Bernard, by the readiness with which it is decomposed in the blood. Cane sugar and beet sugar, if injected into the circulation of a living animal, are discharged unchanged with the urine; sugar of milk and glucose, if injected in moderate quantities, are decomposed in the blood, while if introduced in large quantities, they also make their appearance in the urine; but a solution of sugar, though injected in much larger quantity than either of the others may disappear altogether in the circulation, without appearing in the urine.

The formation of sugar in the liver, is a function composed of two distinct and successive processes: First, The formation in the hepatic tissues of a glucogenic matter, having some resemblance to dextrine, or hydrated starch; and secondly, the conversion of glucogenic matter into sugar, by a process of catalysis and transformation. The saccharine matter in this case is said not to be found in the portal vein, in health, but in the hepatic vein,

*vena cava ascendens*, and the right side of the heart.

Under ordinary circumstances the sugar absorbed by the blood from the liver, disappears very soon after entering the circulation. According to some writers, it is first converted into lactic acid, which decomposes in turn the alkaline carbonates, setting free carbonic acid, and forming lactates of soda and potassa. It is very probable that while sugar is abundant in the liver and in the right side of the heart, it is not generally found in the blood of the pulmonary vein, nor in the general circulation.

M. BERNARD has shown by experiment that the glucogenic function of the liver is increased by irritating the eighth pair of nerves at their origin in the fourth ventricle, and thus may diabetes be produced. Complete section of these nerves, however, destroy its function entirely. That sugar does not exist normally in the urine and blood drawn from the arm is explained by its rapid decomposition in a state of health, and its excretion, or rather decomposition in the lungs. But when so increased that the lungs cannot decompose the whole of it, or when the lungs, for some cause, are incapable of disposing of the normal quantity carried from the liver to them, then it passes off by the kidneys—hence diabetes mellitus.

As to the primary cause of this disease we are in total darkness. Among the exciting causes medical writers have named, the action of cold, dampness, depressing passions, venereal excesses, intemperance in the use of alcoholic stimulants, insufficient nourishment, composed of feculent food and fermented drinks. Thus individuals who use large quantities of ale or lager beer, are very obnoxious to the disorder. In England and Holland it is more common than in the United States. In Holland it is attributed to the excessive use of tobacco, and the poor acid wines which are the general beverage. The disease is not common in infancy or old age, it is confined mostly to persons in middle life, more particularly between forty and fifty. It is also more frequent among men than women. Its course is always chronic, frequently lasting for years. I believe its average duration may be set down at three years. But this must depend very much upon the care which the patient takes of himself, and his medical treatment. If this be good and judicious, his life may be greatly prolonged.

I now have under my care a patient who has been suffering with the disease for more than ten years. He has taken the best care of himself, and may yet live for years, if he is not cut off by some intercurrent complication. That a permanent recovery from diabetes ever occurs is exceedingly doubtful. I have seen cases where there has been great improvement in the general health, and a suspension of the symptoms for a season, but in the end the disease has returned, and the patient has succumbed to extreme marasmus, pulmonary tuberculosis, or some sudden lesions of the brain.

TO BE CONTINUED.

### THE BINDER.

At the last meeting of the Harford County, Md., Medical Society, the following paper from Dr. W. S. FORWOOD, of this city, was read:

*Mr. President, and Gentlemen of the Medical Society of Harford County:*

The discussion that took place in this Society one year ago, on the subject of the application of the bandage to parturient women, has had the result of enlarging our field of observation in our individual experience, and of acquiring valuable information from other sources.

We have ascertained that the Medical Society of Montgomery Co., Pa., is entitled to the credit of published results on the non-use of the binder, as far back as 1863, in a report made to the State Medical Society in that year.

In the transactions of the Pennsylvania State Medical Society for the present year (1869), quite an extended notice is made in the report from Montgomery county, of the discussion which took place in our Society last year. A brief abstract from this report was copied in the *MEDICAL AND SURGICAL REPORTER*, in the number for Oct. 9th ult., (Vol. XXI., p. 302,) which, doubtless, many of you have read. But we propose, on the present occasion, to go more fully into the matter, having procured a file of the *Pennsylvania State Transactions*, which has no circulation among our members, or among the profession out of Pennsylvania, and lay before you for your consideration, all that has emanated from the source above mentioned.

We will first quote from the report made to the Medical Society of the State of Pennsylvania, at its last meeting (June, 1869,) from Montgomery county, prepared by the commit-



tee, of which Dr. HIRAM CORSON, an eminent practitioner of that county, was the Chairman.

The report says: "In the MEDICAL AND SURGICAL REPORTER for January 2d, 1869, there is a synopsis of a discussion "On the Abandonment of the Binder as an Application to Parturient Women," by the members of the Harford County Medical Society of Maryland, in which Dr. FORWOOD said, he had recently read in the *Transactions of the Medical Society of Pennsylvania*, a report from the Montgomery County Society, in which it was remarked, that the "abandonment of the bandage in parturient women rapidly gains favor with the profession in our Society." "And," he adds, "this brief sentence comprises all that is said in the report quoted, and leaves us as much in the dark as before; and though he had noticed one or two articles on the subject within the past year, he believed the literature on the subject was extremely limited." Dr. FORWOOD is too careful an observer to have forgotten what has appeared in the *Transactions* during several years, if he had seen them. We may, therefore, justly call attention to the fact, that, in the *Transactions* for 1863, an article entitled 'Midwifery in the Country,' Dr. HIRAM CORSON, at pages 246-7, devotes nearly a page to the subject. He had dispensed with its use several years before that time, and his brother, Dr. WM. CORSON, had preceded him in the practice for several years. Again, in 1864, Dr. WM. CORSON, Dr. SHOEMAKER, and Dr. J. K. REID give testimony on the subject. It is again alluded to briefly in 1866. In 1867, at page 259, the subject is again noticed by Drs. J. N. EVANS, J. K. REID, A. STOKES JONES and HIRAM CORSON, and on page 261, by Dr. W. CORSON. In 1868, we have only the brief reference to the subject already quoted, by Dr. FORWOOD.

"It is not a little amusing to us, who have so long since abandoned the use of the binder, to read the opinions, not only of some of the members of the Harford Medical Society, but of various writers in medical journals. Its unquestioned use for so long a time, its recommendation by professors of midwifery, the fear of hemorrhage if the patient should turn on her side, the necessity for pressure on the blood vessels by the bandage, are all dwelt on as reasons why it would be unsafe to abandon it. It may be well for us, therefore, to allay those groundless fears by informing them that,

despite ancient customs, despite the stereotyped lectures of learned professors, despite the fears of experienced practitioners, that weakness and hemorrhage will surely come, despite the horrible dread that pot-bellies (!) will result, Dr. WM. CORSON, the originator of the improved practice in this country, so far as we know, has dispensed with its use during the last fifteen years, in from 1,500 to 2,000 cases; Dr. JOHN K. REID since 1862, in at least 1,000 cases; Dr. HIRAM CORSON, in the last ten years, in several hundred cases; Drs. EVANS, ROBINSON, SHOEMAKER, SCHRACK, JONES, STILES, and E. M. CORSON, in hundreds of cases, without a single bad result, and with so much satisfaction to the patients that they are often most earnest in their praise of the improved practice. Dr. FORWOOD himself made some very just remarks on the subject of parturition being a natural process in the human female as well as in the lower animals, and that, if in the one, so in the other, it could be completed without the interposition of artificial support. He also instanced the habits of the Indian and African women, who did well without such an appliance. We will not make much attempt to disprove its necessity. It is one of those trivial customs, which teachers in midwifery spend hours in teaching to students, and which is magnified into as important a matter as delivery by forceps. We know several doctors who say they always apply the bandage and shift the women themselves. A pretty business for a learned doctor to be putting the 'shift' on a sick woman when her mother, and aunts, and friends, a thousand times more competent, are at hand. Thank Heaven! we hope that class of doctors will not increase.

"If in quadrupeds, with belly so situated that the whole weight of the contained organs and fluids or contents has to be borne by the abdominal muscles, they can do without artificial support, why shall it be necessary in woman, who, after delivery, lies on her back, or side, with no distention of the belly from the soft viscera, and with the abdominal muscles free to perfect their contraction upon the empty and shrunken womb? Why shall we apply a bandage? To support the belly? It needs no support. There is nothing distending it. If you had applied the bandage before delivery, during the last months of pregnancy, when they were stretched to their utmost capacity, there would have been some show of reason for it. But now when they are re-

lieved of their elongation, so gradually effected, have they not a full chance to shorten themselves? Can they fail to do it? We never knew such a case. Will a bandage tightly applied strengthen the muscles? Is that the history of binding up the muscles?

"In the report of 1864, Dr. W. CORSON says: 'It is not only useless, but positively injurious, subjecting the patient, even when properly applied, to positive discomfort, if not permanent disability.' Dr. J. K. REID, in the same report said: 'At the suggestion of Dr. W. CORSON, I dispensed with the bandage in puerperal cases, and I now state that the use of it is, in my opinion, quite injurious to the patient.' In 1867, Dr. W. CORSON writes: It belittles the physician who practices, indicating either ignorance of mechanical and physiological laws, or moral cowardice in view of the innovation. And in the same paper Dr. REID says: 'Every year, more and more confirms my belief that it is never useful, and often injurious and hurtful to the patient. In one case great mischief and suffering were produced by it.' Dr. JONES could see no reason for its use;" and Dr. CORSON states 'that many ladies have expressed great gratification that they were saved from its use.' Others of our Society give similar testimony.

"Dr. HAYS, of the Harford County Society, during their discussion, said he was satisfied that prolapsus of the uterus had been produced by the mal-application of the bandage, and mentioned the case of a patient who had suffered from prolapsus after each of several previous confinements in which she had worn a bandage. In a subsequent case, by omitting its use and lying in bed a week longer, she was completely cured. In the *Transactions* for 1863, Dr. H. CORSON gives a well authenticated case in which a physician in one of our cities came daily for eighteen days to tighten the bandage. Afterwards, on rising, she found herself with an aggravated case of prolapsus uteri. Nor was this all. So uncomfortable was she from the bandage, she trembled at the sight of the doctor as he renewed his visits.

"We ought not to close this article on the use of the bandage without saying that though many physicians are quite startled to hear that some of us dispense with its use, the celebrated Madame Boivin more than twenty years ago had attended thousands of obstetrical cases without once using it, and without losing a single case from hemorrhage."

Dr. CORSON was right in presuming that I had not seen the reports made from time to time by the Montgomery County Medical Society, at the time my remarks were delivered before this Society. The *Pennsylvania State Transactions*, unfortunately for the profession, have no circulation scarcely out of the State. So, with the view of extending this information over a wider field, I take this opportunity of quoting, in full, all that has been published from the source above mentioned. The first notice of the subject we find, is Dr. H. CORSON's report, entitled "Midwifery in the Country," published in the *State Transactions* for 1863, pages 246-7, as follows:

"Bandaging the woman used to follow the delivery of the placenta, but for several years I have dispensed with it. A change so radical as this, met with as much opposition nearly as the abolishment of children's caps. There are many physicians who would be afraid to leave their patients without first applying the bandage, or seeing that it was properly done. When I was in the habit of having it applied, and thought it necessary, I discovered in hundreds of cases that it was generally the day following its application, a loose band, only a few inches wide, lying above the naval. In warm weather, if well applied and kept in place, it was very uncomfortable. These things led me to ask what use it could be. Some women thought it uncomfortable, but necessary in the doctor's opinion. Others thought it intended to prevent 'the stomach from becoming too large.' That it could not be necessary in order to prevent the enlargement spoken of, I was well convinced, for I had seen many women with large families, entirely free from embonpoint, although the bandage which they had used was but in name. Now is it reasonable that it should be necessary. She always lies in bed for days, often for weeks; the abdominal muscles are entirely relaxed, there is no pressure upon them. Even if the woman was on her feet, as the Indian women are, when on a march, the abdominal muscles would be quite able to support the pressure of the almost empty bowels. Suffice it to say, that I have dispensed with the bandage, partly from my own conviction of its uselessness, and still more from the example set by my brother, who had entirely dispensed with it while I was only trying to do so.

"This practice will meet with no favor from those who make a mystery of 'fixing the na-

vel." A case was warranted to me some time since, which is, I believe, strictly true, and was under the care of a gentleman with whom I was well acquainted. He believes in the utility of the bandage. He attended to the case strictly, from a strong belief that the bandage would prevent the stomach from becoming large. He would scorn to impose any trickery on his patient; therefore, this is a proper case to show its value. His patient was a healthy woman, and had never had any uterine disease. After confinement, the doctor came every day for eighteen days, to tighten the bandage. He made it little tighter each coming day. After the eighteenth day, it was left, until she rose from bed to be about her room, when she found she had procidentia uteri, or at least an aggravated prolapsus. Nor was this all; so uncomfortable was she from this tight bandage, that she dreaded to see the doctor come into the house, knowing that the screw would be turned again. This case, of course, occurred in the city. In the country we do not visit often, seldom more than twice."

In the *Transactions* of 1864, Dr. W. CORSON says: "I discontinued the use of the bandage after delivery several years ago, believing it not only useless, but positively injurious; subjecting the patient, even when properly applied, to positive discomfort, if not permanent disability. I have frequently tapped for abdominal dropsy, and drawn from patients gallons of fluid; have waived all means of compression, and yet have seen no syncope nor signs of compression."

In the same report, Dr. SHOEMAKER says: "I have abandoned the use of the bandage, after labor, for the past three years, and so far, with great relief to the patient, and satisfaction to myself." Dr. J. K. REID adds: "At the suggestion of Dr. W. CORSON, of Norristown, I have dispensed with the bandage in puerperal women, and I now desire to state, that the use of it in my opinion, is quite injudicious to the patients. They express themselves much more comfortable without than with it. The womb is allowed to settle down naturally, instead of being forced down by the bandage; the ladies who complained of procidentia after confinement, when bandaged, seem less troubled with that difficulty when the bandage was dispensed with. I have not had the least difficulty with hemorrhage, nor any other bad result from dispensing with it, and think if the profession would more gener-

ally cease to use it, they would save their patients much unnecessary suffering."

In the report from the same county, which appears in the *State Transactions* for 1866, the subject is briefly noticed in the following sentence: "The bandages formerly used for puerpual women, are not used at all by several practitioners, much to the satisfaction of the patients."

In the *Transactions* for 1867 the bandage is again referred to. Dr. I. N. EVANS says: "I seldom use the bandage after labor, as my experience in that direction for the last five years has been averse to its use. I believe that the comfort of parturient females is greatly promoted by its abandonment."

Dr. J. K. REID, whom the report informs us has had a large obstetrical practice, says: "On no occasion do I have a bandage applied. It is now several years since I discontinued the use of it, and I have been every year more and more confirmed in my belief that it is never useful, and often very injurious and hurtful to the patient." One case came under his notice in which great mischief and suffering were produced by its injudicious application.

Dr. A. STOKES JONES "does not use it on any occasion, and cannot see any reasons for its use."

Dr. CORSON has not had a bandage applied for several years, and in no instance has any disadvantage resulted from dispensing with it, while, in many cases, ladies have expressed great gratification that they were saved from its use."

"Here," adds the reporter, "we find from physicians in large obstetrical practice, besides Dr. CORSON, whose testimony will be found on another page, not only dispensing with the bandage, but assuring us that it is to the relief to the patients, who express themselves as being more comfortable without it. It is strange, indeed, that a practice so useless and productive of no good, should have so long prevailed."

On another page of the same report, Dr. W. CORSON writes: "You ask me if my convictions are the same as when I last wrote you, on the subject of bandaging puerperal women. They are, and I think it would be well to bring the subject before the State Society, and endeavor to elicit opinions on the subject. I think it belittles the physician who directs or practises it; indicating either ignorance of

mechanical or physiological laws, or moral cowardice, in view of the innovation."

In the *Transactions* for 1868, (p. 149,) previously quoted, it merely stated that, "The abandonment of the bandage in parturient women rapidly gains favor with the profession in our Society."

In order to state fully all that has been written on this interesting subject by the members of the Montgomery County Medical Society, as published in the *State Transaction's*, we have risked appearing tedious by some repetitions; but we hope the importance of the subject, upon which so little has been written, will be our justification.

Singularly enough in the same number of the MEDICAL AND SURGICAL REPORTER, (Oct. 9, '69,) which contained an extract from the *State Transaction's*, arguing the uselessness and folly of the puerperal binder, a paragraph appears from the pen of Dr. F. A. ROOF, of Maryland, which is appended rather irrelevantly, to a "A Case of Midwifery," p. 291. Dr. Roof says: "Here permit me to state that I invariably apply the bandage or binder on the woman immediately after the delivering of the placenta, medical societies, and wise men to the contrary, and have never seen any of the evils that they state from its use. It may be considered in Montgomery County, Pa., and other locations, as distinguishing a low grade of civilization, but in this section of climate I have seen it of benefit, and in cases where it had not been applied, or where applied, removed too soon, I have been called to see females in a fainting and sinking condition, and have applied it to their immediate relief, and shall continue to use it as long as I find it *does good* and not harm."

With such extraordinary results, which accrue in his "*climate*," it is to be hoped that Dr. Roof will not be inveigled by "wise men," or even by our friends of the Montgomery County Medical Society, into the abandonment of his bandage.

It is not surprising, however, that Dr. Roof should express himself so forcibly on the subject since the majority of the profession are still with him, and the teachers at our medical schools still occupy considerable time in impressing its necessity upon the minds of their students.

Upon referring to the MEDICAL AND SURGICAL REPORTER for November 30th, 1867, we find extracts from the *Transactions* of the

State Society of Pennsylvania, with reference to the use of the binder, which we have already quoted. The following preface is given by the editor: "On the continent of Europe women rarely have the bandage applied. The custom in this country seems also falling into disfavor," etc.

In the number of the REPORTER for December 21, 1867, an anonymous writer, expresses his disapprobation of the announcement of facts which were published as the experience of some of the leading members of the Montgomery County Medical Society. In addressing the editors, he says:

"The array of names in favor of the abandonment of the bandage is so small that it would not be necessary to reply to it, were it not to caution the younger members of the profession against being 'bullied' (!) into the adoption of new and untried (?) theories through the fear of being called ignorant or cowardly.

"Some medical gentlemen have been kind enough to call the writer 'an old-fashioned doctor, because after having tried the experiment [what experiment?] and not being pleased with it, and not being able to find a parturient woman who would voluntarily relinquish the bandage, he publicly and privately gave his opinion against it."

Stopping here, for a moment, we would ask if any medical man ever met with a case of first confinement when the *patient* "would not voluntarily relinquish the bandage?" And we would ask further, if it is not the rule with those patients who have used the bandage to expect its continued use simply for the reason that their physician had previously advised it, and that they *therefore* presumed it to be necessary?

"Prudence" then quotes a paragraph from the Montgomery Medical Society (1867), which we have already copied, and adds that he is surprised to see "a gentleman occupying a leading position in the Montgomery County Medical Society, a gentleman, too, of acknowledged suavity of manner, and urbanity of deportment, so far forgot himself" as to state that a physician belittles himself who directs and practices the application of the bandage. This is certainly a terrible blow upon "a gentleman of acknowledged suavity of manner!" and it is somewhat remarkable that the gentleman so attacked should escape utter demoralization. And we are really astonished to find that Dr. WM. CORSON, over his proper name, without fear of "the wrath to come," has



communicated a page to the REPORTER for January 11th, 1868, in which he has the boldness to remark :

"In your last issue of the REPORTER, I find a critique under the caption of 'Bandage in Labor,' by 'Prudence,' his text being an extract from the report of the Montgomery County Medical Society, and which in the report is credited to myself. The critic refers to the author of the invidious paragraph as a gentleman suave in manner and urbane in deportment, and at the same time expresses his surprise that an individual thus constituted should have so far forgotten himself as to indulge in 'vulgar vituperation.' Be it vulgar or otherwise, the legitimate inquiry for men who desire to elevate the standard of the profession, and, in doing so, respect themselves is the *truth* or otherwise of the declaration referred to. I contend for its truth, and stand by a positive experience and the laws designated for the support of what I claim. \* \* \*

"Prudence" asks why surgeons bandage their patients after tapping for abdominal dropsy, (I do not, and know that it is not necessary,) or bandage a strained muscle or sprained joint. He answers for the same reason that we bandage the relaxed and strained muscles of puerperal women. This mighty man of knowledge, with head replete with thoughts of other men, can perceive no difference between muscles wrenched and turned from their legitimate role in the economy, and muscles fitted and endowed by the Creator to meet an imperative and unavoidable demand. Common sense revolts at such a parallel, and the mind so befogged as to be unconscious of its irrelevance, must be in a state of deplorable and incorrigible obliquity." Further on, Dr. CORSON adds: "Prudence" further says, that every physician of experience will tell you that he has arrested syncope by tightening the bandage. This is not my experience. I have attended several thousand puerperal women, and did not lose one in a thousand by flooding, or hemorrhage, and never tightened a bandage to avert syncope. Syncope in puerperal women, is, ninety-nine times in a hundred, the result of depletion through flooding, and it never would have occurred to me, from a knowledge of physical law or organic necessities, in view of the cause, to meet the exigency in this way."

Other trenchant remarks might be quoted from Dr. CORSON's paper showing that "Prudence" trusted altogether to antiquated tra-

dition, and was totally void of personal observation, in the non-use of the binder.

We will conclude this already lengthy paper by reiterating what was stated in our Society a year ago, that several of our members had practiced the disuse of the binder with much satisfaction to themselves and their patients. Dr. J. SAPPINGTON, who has a large obstetrical practice, has for many years abandoned the bandage without any ill result. Dr. THOS. HOPKINS remarked that his preceptor, Dr. ROBERT ALLEN, of Cecil county, had disapproved of its indiscriminate use thirty years ago; and ever since that time he himself had been indifferent to its use, but had generally allowed the old women to apply if they chose to do so, in conformity with popular prejudices, but he could see no utility in it, except possibly in certain rare cases. Dr. HAYS had seen serious results from its application, and favored its abandonment. These are the experiences of our own members, some of them running through many years. And I may add that, in my own practice latterly, I have not applied the binder, and have abundant reason, not only for regarding it as useless, but as an unphilosophical and unprofessional appliance. It is to be hoped that the profession will satisfy themselves by experience as to the utility of the bandage in puerperal women, and if found unnecessary or hurtful, have the moral courage to stem popular prejudices and utterly discard its use.

#### COMPOUND DEPRESSED FRACTURE OF THE SKULL AND PENETRATING WOUND OF THE BRAIN— RECOVERY.

By W. L. APPLEY, M. D.

Of Cochection, New York.

Heman A. Matthews, aged 25 years, a lumberman residing at Equinunk, Wayne county, Pennsylvania, was injured July 19th, 1866, in a lath mill. He had piled up by the side of a circular saw a number of hemlock sticks, sawed 3½ inches square and 3½ feet long, and commenced to saw them into lath; one of the sticks accidentally fell upon the saw, which was making rapid revolutions; the stick was thrown with great force; one end hitting the left side of his head, producing a lacerated wound of the scalp three inches in length, which bled freely; his father was in the mill near him and supposed him fatally injured; called help and carried him to the house, a few rods from

the mill, and then sent to Hancock, 10 miles distant, for Doctor Pettingill; the doctor arrived about 10 o'clock P. M., six hours after the accident; had him placed in a comfortable position; applied cold water dressing to the wound, and warmth to the feet and legs; the patient was unconscious and could not swallow; the doctor and friends did not expect the patient to survive the night. I was telegraphed for early the next morning, July 20th, and arrived about 10 o'clock A. M.; found the patient unconscious: pulse, 60; respirations, 20, and rather stertorous. We found a fracture and depression of the frontal bone extending from the external angular process upward and backward to the coronal suture about three inches in length. We enlarged the wound of the scalp in a + form, dividing and tying the temporal artery. Upon turning back the flaps of the scalp the fractured bone was well exposed; we found at the posterior angle of the fracture a piece of wood driven through the bone; we succeeded in removing it with forceps; the stick was the size of an ordinary pen holder, and two inches in length, perforating the skull; it must have penetrated the brain an inch and a half; blood escaped freely through the opening in the skull.

The fractured edge of the depressed bone appeared to underlap the edge of the opposite side; the opening made by the stick enabled us to apply the elevator under that angle of the depressed bone, but we found we were unable to elevate the entire length of the depressed bone by this opening alone; we finally decided to drill an opening at the other end or angle of the fracture, with the perforator, instead of the trephine; we did so and elevated the bone, which seemed to produce a marked change in his breathing and appearance. A strip of plaster brought together the flaps, the whole was covered with lint dipped in cold water, and he was put to bed and absolute rest enjoined.

Two o'clock, P. M., insensible; pulse 60; ordered cold water, tea, and milk and water given as soon as he could swallow.

21st.—Much as yesterday; ordered cold water to the head, which was ordered to be shaved all over, only sufficient hair having been taken off before to make room for the operation.

22d.—Pulse getting up; more full and strong; ordered cold water to the head, and two grains of calomel every six hours placed on tongue.

23d.—Inflammation of the brain and its membranes has evidently set in; he is very furious; constantly tossing about and requiring several people to hold him; continue cold water lotion and calomel, tea, milk and water. The contused tissues are considerably swollen; bowels moved freely.

24th.—Inflammation continues as yesterday; less power in the pulse. The feces pass off involuntarily. The wound begins to suppurate, omit the calomel; continue cold water to head.

25th.—His pulse to-day is better, but no sign of returning consciousness. From this date up to 31st he varied, but it would be tedious to give the treatment pursued each day. Suffice it to say that from the first dawning of returning consciousness which took place the 30th or 31st, he progressed most favorably. The symptoms of inflammation of the brain gradually subsided, healthy granulations sprung up, and the wound healed rapidly, and in six weeks he left his room. He is now in excellent health and with all his faculties as perfect as before the accident.

The chief interest in the case, I conceive, consists in the recovery, after so severe an injury of the brain, and of substituting the perforator for the trephine.

## HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS.

December 10th, 1899.

### CLINIC ON DISEASES OF WOMEN.

By Prof. T. G. Thomas.

#### Carcinoma Uteri.

Mrs. M., æt. 54, has four children, of whom the youngest is 12 years old; for about two years has been ailing, first with pain in the region of the back and side, then over the lower portion of the abdomen; during this time had occasional hemorrhage, but for the last year did not notice any. Three weeks ago it again appeared, and has continued at intervals up to date.

Dr. THOMAS said: On placing the patient on her back, and passing my finger up the vagina, I find first a constriction, then an open space, and finally the uterus. In this lake below the uterus there was noticed a fluid substance caused by the disorganization of the lower portion of that organ. It is needless to say this is a case of carcinoma uteri. I present the case merely to show what a paucity of symptoms may be complained of in such a grave disease.

The treatment as I mentioned in previous cases

consists of antiseptic injections with anodynes internally. All we can do is to keep the patient comfortable till the close of the disease. In all probability death will take place by the rupture of this sac, and discharge of the contents into the peritoneum.

#### Metrorrhagia.

Mrs. M., æt. 27. Married three years. Has had for two years pain in the right side, with severe headache. These do not come on at any special periods of the month. Has never had any children. Does not have the whites. During the menstrual epoch has to go to bed for a few hours, the bearing down pains being so severe. Has noticed clots in the menstrual blood.

The professor remarked, that on passing the finger up the vagina, the mucous membrane of the os uteri was nearly oedematous, much resembling that of the gravid uterus. The os is tightly closed, not allowing the entrance of zoosperms, nor the exit of the menses. The pains are entirely sympathetic; but in this class of cases it often happens that pelvic hæmatocele occurs in slight degree, and gives rise to cellulitis.

I propose in this case to cut from the os internum with a bistoury, and insert in the wound a pledget of lint. Although in very many cases the cervical section is a failure, still I think that in this particular one it offers well; and if the patient will consent to come around next Friday, we shall see what can be done for her.

Mrs. R., æt. 39; married; has had two abortions; six months ago began to flood for the first time, and from that period up to the present has had pain in the small of the back; also in her stomach as she says.

By conjoined manipulation we perceive that the body of the uterus is larger than normal, and to be certain in our diagnosis it is requisite that an examination of the fundus be made. Dr. ROBINSON yesterday introduced five sponge tents, the last one two and a half inches in diameter. But after withdrawing this he found that the tip of the finger could not be introduced within the os. I tell you this gentlemen that you may not be discomfited, for even the best gynaecologists with a large experience, frequently fail, as you will fail.

In the present case the fibres of the os uteri, shall be cut through with the scissors so that then, I hope we shall have no further difficulty.

Mrs. R.—, presented herself at a subsequent clinic for operation. Since she appeared last the fibres of the lower portion of the cervix were incised, and then by means of sponge tents the fundus of the organ was readily explored.

There was found projecting from the uterine wall a fibrous tumor, having a diameter of an inch and a quarter.

Prof. THOMAS, before proceeding to operate, said

that in these cases the removal of the tumor was exceedingly difficult, and he doubted very much of his success in the present instance, still he should make the attempt. Before commencing the operation he drew out, with great difficulty, a sponge tent measuring transversely, three inches. He then, by means of a tenaculum, drew down the cervix. Then with a forceps, secured the tumor, slipped over it wire noose, and proceeded to tighten. This little experiment was only partially successful, for on removing the noose, only a thin slice was separated by the ligature.

He now introduced a scissors, cut off a small section, then scraped out as much as possible by the finger nail and endeavored to disorganize the rest. Next Friday the case shall be reported as to its results.

#### Prolapsed Urethra.

Mrs. ——.—Dr. THOMAS said, to-day I show a very rare case indeed. It is a procidentia of the urethra. As I separate the thighs of the patient you will see a small tumor projecting between the two labial at the upper portion of the vulva. On passing the sound into the urethra you will see that it passes directly in the center of the swelling. As I make the patient bear down it increases until now it is the size of a walnut. Whilst I place my finger in the vagina, and press up the bladder it retracts. Thus it differs from a caruncle, polypus or any other morbid growth found in that region. The patient complains greatly of distress, with occasional hemorrhage, from this extruded mucous membrane.

Dr. T. proceeded to pass in needles, and by means of the actual cautery removed a portion of the prolapsed membrane.

The patient upon whom an operation was performed for procidentia of the vagina was to-day shown. She is greatly relieved. No more bleeding, and upon examination, but a small portion of prolapse is discovered.

#### Sponge Tents and Peritonitis.

Dr. THOMAS said that the use of sponge tents was very liable to give rise to peritonitis, an example of which he had at present in his private practice. Last night having occasion to explore the fundus he used the tents and this morning pelvic peritonitis had set in; however, none of his cases proved fatal so far.

#### Prolapsus Uteri.

Mrs. F., with prolapse of uterus, and to whom a modification of Dr. CUTLER's pessary had been applied at a former clinic was to-day shown. She had used the pessary ever since, and to-day on being requested to press the uterus out, was unable to do so. The pessary consists of two upright bars, having a ring attached to their extremity in such a manner that the cervix is embraced by it. In this instrument, by the suggestion of the maker, a piece

of thread had been applied to the ring to make it more firm, and upon examining the vagina a furrow  $\frac{1}{4}$  inch in depth was found on the posterior wall, caused by the tent thread. Luckily this had not passed back to the rectum, so no bad consequences can be expected to occur.

## DISEASES OF CHILDREN.

Clinic of Prof. JACOB.

### Effects of Ligatures in Children.

Child five months old was presented suffering from a deep wound around the leg below the malleoli. From the history of the case, it appeared that the mother was in the habit of tying a string around this portion of the limb to keep the sock on. Prof. J. said this was caused by the effects of ligature, and in young children, who are unable to express their troubles, it often happens that much mischief is done by oversight on the part of the attendant. When a child gives evidence of pain or irritation, it should be completely stripped and examined; at one time it may be a pin sticking in it, again, it may be just what we have here. Ligatures are very pernicious and very effective in their results, as for instance, a ligature applied to a limb would in a relatively short space of time amputate the entire limb. Children are very prone to get pieces of thread or string on the penis, and before attention has been called to it, the organ may have a sulcus of considerable depth encircling it. At this stage the medical attendant may not examine the bottom of the wound, and if he does not, and allows the ligature to remain, then amputation will be the result.

The treatment to be pursued in the present case, is to produce a superficial cicatrix. On examination we find that the deeper portions are moist—the superficial dry. Dry wounds never heal, thus we stimulate the outer and dry edges that they may take on a tendency to grow moist and unite.

In this case, I shall advise the solution of nitrate of silver, (5 gr.  $\frac{3}{4}$ .) to be painted along the margin of the sore.

The effects of ligatures on the fetus are not of rare occurrence. We often see children who have had limbs amputated in utero. Formerly this was supposed to be caused by the umbilical cord, but now it is known not to be the fact. Placentalis or Deciditis gives rise to fibrous bands, and it is these that cause the trouble. Some years ago a child was shown at one of my clinics with the three middle fingers deeply incised, though not completely amputated. And in another case I had a child with a furrow partly encircling its leg at the upper portion, all due to the same cause during uterine life.

### Endocarditis.

Miss —, æt. 13, came to the clinic complaining of cough, hæmoptysis and dyspnoea upon any exertion. Has had rheumatism 2 years since, and again

8 months ago. Physical examination reveals a mitral regurgitant murmur. Prof. JACOB said: Of all the complications of rheumatism, endocarditis is the most common. The effusion between the valvular layers contracting gives rise to valvular lesions, usually resulting in insufficiency. The blood is by this condition retarded in its course, first affecting the lungs and giving rise to hæmoptysis, cough and dyspnoea, upon excitement, as complained of by this patient. Then giving rise to congestion of the stomach and liver, by which the appetite is impaired and dyspnoea engendered.

How is your appetite?

I can't eat anything at all hardly, and if I do eat, I am greatly troubled with wind.

The next result is upon the intestines and pelvic viscera, giving rise to constipation catarrh of the bladder, uterus and vagina. The use of digitalis and iron upon a patient like this will be extremely beneficial. I shall present this case again to you gentlemen, and we shall see how she progresses.

## MEDICAL SOCIETIES.

### PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER

DR. J. EWING MEARS, in the chair.

#### Pneumonic Phthisis.

At the regular meeting of the Society, held in the Library Room of the Hospital, Dec. 8th, 1890, Dr. WM. G. PORTER, jr., presented a pathological specimen of a lung, saying that it gave a beautiful illustration of pneumonic phthisis as described by THOMAS ADDISON. The patient, a man, had been subjected to an attack of pneumonia several years before death, also, subsequently, to attacks of acute pleurisy. His affection was diagnosed phthisis. The specimen presented contained innumerable cavities in all parts of both lungs, principally at the apices. The pleura covering the upper lobe of the left lung, was remarkably thickened, about six lines in width. Dr. PORTER gave a brief outline of ADDISON's theory of phthisis to the Society, and had found the previous history, and pathological appearances of the lungs, of the patient in mention, corresponding very closely to Dr. A's description of that affection. The case in every respect was quite unique.

#### Poisoning by Carbolic Acid.

Dr. JAS. S. HOUSTOUN presented the following report of accidental poisoning from carbolic acid:

About 5 P. M., Nov. 10th, 1890, Mr. —, an employee of the Philadelphia Almshouse, aged about 32, took, instead of a dose of tincture of ginger, half an ounce or more of carbolic acid, in the oily state, kept in the wards for disinfecting purposes.



The mistake was discovered almost as soon as it was swallowed, by his complaining of his lips being blistered, when the bottle was examined and found to contain, as plainly labelled, Carbolic Acid.

Seen about five minutes after the poison was taken. He was reclining on a sofa, insensible; face quite livid, bathed in a profuse clammy perspiration; eyes open and turned up; pupils contracted and not responding to light; mouth open, filled with frothy mucous; respiration stertorous; pulse imperceptible; heart sounds scarcely audible.

He had not vomited; there was no spasmodic action apparent; he lay perfectly relaxed and motionless. He was forced to swallow several raw eggs, and with much difficulty about six ounces of warm mustard water; this caused him, in a few moments to vomit, though only a little—being unable to get him to swallow more. With Dr. HALL's assistance, I endeavored to pass the tube of the stomach pump, but owing to spasmodic stricture of the oesophagus (which Dr. PINKHAM, of Lynn, Mass., in several cases cited by him in the MEDICAL AND SURGICAL REPORTER, for Dec. 1868, shows to be one of the most constant symptoms in poisoning from carbolic acid), we were unable to introduce it.

The galvanic current and artificial respiration were soon resorted to. About fifteen minutes had elapsed since the dose was taken, and though to all appearances the man was quite dead—neither heart sounds nor respiration being discernable—our efforts were continued.

The stomach tube being now readily introduced, large quantities of soap, lime water, olive oil and flaxseed mucilage were thrown into the stomach. When the fluids were withdrawn, they were slightly tinged with blood, and smelled very strongly of carbolic acid.

Artificial respiration, galvanism, and counter-irritation, by means of whisky and capsicum to chest and extremities, were continued for about an hour longer.

*Autopsy.* Eighteen hours after death, made by Dr. SHAPLEIGH, coroner's physician, at which I assisted. Rigor mortis well marked; evidences of violent counter-irritation on chest and legs. The whole surface of the body was very cold, except on the left side about the cardiac region, where the temperature was markedly elevated. Blood, everywhere dark and fluid, emitting very strongly the carbolic acid odor. Whole venous system greatly congested.

The membranes of the brain were congested, sinuses all filled with dark fluid blood. Along the longitudinal fissures was a subarachnoidal effusion of serum; brain substance not particularly congested; color and firmness about normal; no effusion into ventricles; lips blistered; interior of

mouth whitish; tongue white, dry and very hard; pharynx and larynx whitened; oesophagus at upper end whitish and rough, gradually becoming red, until it neared the stomach, where it was brownish.

Stomach contained about eight ounces of a chocolate colored fluid, no undigested food. The mucous membrane was of a chocolate color, roughened and charred, in some places completely destroyed, exposing the muscular layer, and everywhere readily detached. This degree of destruction was chiefly found in the cardiac pouch; near the pylorus it was thickened, and velvety to the touch. This discoloration and destruction continued through the duodenum, fading along the small intestines; the whole alimentary tract was highly congested.

Heart empty and flabby; lungs highly congested; bronchi filled with frothy mucus. Kidneys and liver congested.

#### Cancerous Liver.

Dr. WM. PENN BUCK presented a specimen of cancerous liver, occurring in a man 55 years of age, a laborer and intemperate. He was admitted into the Medical Wards of the Hospital November 11th, 1869, complaining of severe pain over the right hypochondriac and hypogastric regions. He had complete anorexia, though desire for drink was great, a pale and emaciated countenance, frequent, feeble pulse, no fever, urine high colored and marked restlessness. Before death he became thoroughly jaundiced. Palpation and percussion showed the inferior border of the right lobe of the liver extending into the hypogastric region. His complaint was diagnosed cancer of the liver. He died December 2d, 1869.

An autopsy revealed the liver greatly enlarged, weighing 256 ozs. It was profusely studded with yellowish white nodules of various sizes; from a pin's head to a hazel nut, the centre of the largest depressed and containing pus. The liver substance was mottled in appearance. On section, the nodules were firm and resisting, the liver substance was infiltrated with nodules similar to those found on its surface.

Dr. TYSON had examined a specimen microscopically, and pronounced the affection cancerous, probably of the scirrhus variety. The pancreas was the only other organ found affected.

#### PROCEEDINGS OF THE NEW-YORK PATHOLOGICAL SOCIETY.

Reported for MED. AND SURG. REPORTER.

Stated Meeting December 8th, 1869.

The President, Dr. L. A. SAYRE, in the chair.

#### Pathological Specimens.

Dr. FINSEL presented the following specimens.

1st. *Fatty heart with pericarditis* from a patient, æt. 42, who died on his way to the police

station. 4 oz. of a straw-colored serum, was found in the pericardial cavity.

2d. *Aneurism of the aorta*, patient set 38. The aneurism affected the ascending portion of the arch, and was about the size of an orange. The arch was atheromatous throughout. The seat of rupture was at the lower portion, breaking into the pericardium. The patient was supposed to have some pulmonary trouble, disease of the heart or aorta never being suspected.

3d. *Rupture of the heart*. This patient, set. 45, also died whilst being conveyed to the police station. There was discovered rupture of the left auricle of the heart. No fatty degeneration was discovered in the wall of the auricle.

4th. Uterus from a patient, set. 45, showing the commencement of an ovarian cyst, with fibrous tumor on the anterior wall of the fundus.

5th. *Heart* from a patient, set. 50, who died suddenly. No lesion was discovered beyond an atheromatous condition of the aorta.

6th. *Uterus* from a patient, set. 28, who died in convulsions. The woman had been in labor three days, her friends not deeming the attendance of a physician requisite. The fetus (8 months) was in a putrescent state, and attached to the uterus were portions of the placenta.

7th. *Spleen* from a patient who died of alcoholism. It was supposed she had received some injury during life.

8th. *Uterus and other pelvic viscera* from a case with the following history: The patient, set 30, had been in attendance at the different clinics in the city, and had been told that she had cancer of the womb. After making the usual round with like result, she put herself under a quack, who styled himself a magnetic physician, and who pronounced her to

have watery tumor. He began treatment by rubbing briskly her back and abdomen, and continued this twenty-five times—each process lasting ten minutes.

Several hours after the last visit to him, a discharge of a serous fluid took place from the vulva, and it appeared that the cancerous uterus contained a fetus of about five months. Strangely enough this was overlooked by every medical man she consulted, each one supposing the fetal tumor to be the cancerous uterus.

9th *Stomach, liver, duodenum and ileum*, from a patient who had been shot, the ball passing a little to the left of the ensiform cartilage, through left lobe of liver, duodenum, stomach and ileum, grazing the left kidney, and lodging in the lumbar region to the left of the ileum. After the injury the patient went up two flights of stairs, but shortly began to suffer. At this time no blood was vomited, nor were there any symptoms of injury done to the stomach. On the 5th pus appeared at the wound and patient shortly after it was vomited in quantity. On the 7th day patient died. At the autopsy there were discovered extensive adhesions, with about 32 oz. of bloody fluid in the cavity of the peritoneum.

#### Pelvic Tumor.

Dr. LITTLE presented the pelvic viscera of a patient, set. 44, with the following history: For four years had a tumor, one year ago it was tapped, and subsequently it was operated on. During the operation it appeared that the growth had no pedicle, but arose from all parts of the pelvis, and it was deemed by the consultation best not to remove it. Several days after the patient died. At the autopsy it was found that the tumor was cystic at the upper portion, and fibrous at the lower, and, moreover, that it arose from the posterior walls of the cervix and upper portion of the vagina.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Treatment of Consumption.

Dr. GODWIN W. TIMMS, one of the physicians to the North London Consumption Hospital, in an article on this subject, published in the Dublin *Medical Press and Circular*, concludes with the following:

We may sum up shortly our treatment of consumption: Light, simple, and nourishing diet, in quantity always in proportion to the appetite of the individual, (the palate is an excellent guide, which we should always be afraid to offend,) all wholesome fruits and vegetables, a moderate amount of thoroughly cooked meat, and diluents, tea, milk, whey,

etc., according to the patient's experience, avoiding all stimulants and forcing of the appetite. Regimen: Excitement of the skin by constant cleanliness, friction and woollen clothing; fresh air—so air if possible; exercise of every kind, gymnastic exercises, singing, reading; the avoidance of every restriction by dress upon the chest-walls, and of indolence and self-indulgence of every kind; the exclusion of gas from all apartments inhabited by the invalid; early hours, and as short a sojourn as possible in the same atmosphere; hence it is better to take a short sleep in the day than to remain more than six or seven hours in the bedroom, the windows of which should never be shut except on particular occasions, or under peculiar circumstances. Drug treatment. An obstinate cough, with ex-

pectoration, in the member of a consumptive family, unaccompanied by much general disturbance, is most successfully treated by twelve or fifteen drops of dilute hydrochloric acid in one ounce of water every two hours. Patients often declare that they taste the chlorine in the expectoration.

#### Chloral.

The statements of M. Liebrich as to the anæsthetic agency of chloral have been subjected to investigation by M. Demarquay, and the results have been far from confirming them. On only a few points are the two observers in accord, and notably on the rapidity and power of chloral as a hypnotic, and as an agent for obtaining muscular relaxation and also the prompt and complete recovery of animals, however far the action of the chloral might have been pushed. M. Demarquay sums up his conclusions as follows :

1. Chloral has a well marked hypnotic action especially on weakened and feeble persons.
2. The duration of its action is in direct proportion to this weakness.
3. The sleep which it produces is generally calm and is not agitated even in patients who are the subjects of severe pain. This result leads M. Demarquay to advise its use in diseases where sleep and muscular relaxation are required.
4. The agent may be given in high doses, since no accident has been known to result even from 1 to 5 grammes doses.

The sleep produced is quite different from that obtained with chloroform. The least noise awakens the patient, but he falls asleep again immediately. The slightest puncture, or even a mere pressure, will elicit complaint; he immediately removes the limb that has been touched. Dr. Demarquay will not venture to say that there is over excitement of the skin, but he can affirm that, however deep the slumber, tegumentary sensitiveness remains entire. Chloral is, therefore, not applicable to surgical operations.

#### Schools and Health.

Prof. VIRCHOW, in an article translated for the *R. Louis Medical and Surgical Journal*, enumerates the following known injurious agencies and causes of diseases pertaining to schools, to which attention should be directed :

1. *The air in the school-room*, the quality of which is determined by the size of the room, the number of pupils, the mode of heating, the ventilation, moisture of the floor and walls, dust (cleanliness).
2. *The light*, as determined by the situation of the building and room, the size of the windows and their relation to the desks, the color of the walls and surroundings, artificial light (gas, oil).

3. *The sitting* in the school-room, especially the relations of desk and seat, size of the seats, their arrangement, duration of sitting.

4. *Bodily exercise*, especially playing, gymnastics, swimming, their relations to sitting and to the purely mental labor, their arrangements and superintendence.

5. *Mental exertion*, its duration and variety, the individual amount, the arrangement and duration of recesses and vacations, the extent of home and school exercises, the date of the commencement of obligatory attendance, &c.

6. *The punishment*, especially corporeal.

7. *The water for drinking*.

8. *The prices*.

9. *The means* (implements) of instruction, especially the choice of school books (size of type), and objects of illustration.

#### The Medical and Chirurgical Faculty of Maryland.

It affords us, says the *Medical Bulletin*, profound satisfaction to state, that this ancient and honorable body has been thoroughly reorganized and converted into a State Representative Society—just such an organization as was most needed in Maryland.

Hereafter, it is to have annual meetings in Baltimore, or elsewhere, at which medical topics generally are to be discussed; rules of medical ethics established and enforced; professional disputes and misunderstandings properly settled; and a social reunion of the physicians of the State effected. All reputable Medical Societies are to be invited to send delegates to these meetings, with the assurance that their representatives shall be regarded as temporary members of the Faculty, with all the rights and privileges for the time being of its permanent members.

## Reviews and Book Notices.

#### NOTES ON BOOKS.

Prof. Charles A. Lee, of the medical department of the University of Buffalo, delivered an introductory lecture to the class, which has been published at their request.

A severe and largely just criticism on the management of the case of Dr. Alden Marsh, during his last illness, has been reprinted from the *New York Medical Journal*. The author is Dr. Charles A. Robertson.

The quarterly summary of the transactions of the College of Physicians of Philadelphia, contains an excellent memoir of Dr. Robley Dunglison, by Dr. S. D. Gross. We understand that Dr. Dunglison's son is preparing a biography of his distinguished father. From this memoir we learn that up to the time of the author's death, 55,000 copies of his *Medical Dictionary* were sold, and of his other medical works about 100,000 volumes!

Turner & Mignard, New York, have republished from the *Medical Gazette*, Dr. F. G. Snelling's article on Nocturnal Enuresis and Incontinence of Urine.

T. S. ARTHUR & SON, of this city, publish three

excellent magazines, which deserve a very wide circulation, viz: *Arthur's Lady's Magazine*, \$2.00 a year. *The Children's Hour*, \$1.25 a year, and *Once a Month*, a magazine of original and selected literature, \$2.00 a year—the three \$4.00 a year. We will send the REPORTER and Arthur's three publications for \$8.50.

DRS. J. C. DRAPER and J. C. DALTON, of New York, are regular contributors on scientific subjects to the columns of the *Galaxy*, one of our most original and spirited exchanges. Monthly, \$4.00 a year. *Galaxy* and REPORTER, \$8.00.

DR. THEOPHILUS PARVIN has removed the *Western Journal of Medicine* from Indianapolis, Ind., to Louisville, Ky., and changed its name to the *American Practitioner*. DR. DAVID W. YANDELL, a well known practitioner of Louisville, has become associated with him in its editorial management. DR. PARVIN has always made a good journal, and we doubt not it will be increased in interest and value by the change. See card in another column.

*Every Saturday* begins the new year in a very attractive form. Besides its admirable selections from the current magazine literature, each number is illustrated by very superior wood cuts. It is now published in folio form, and is about the size of *Harper's Weekly*. Fields, Osgood & Co., of Boston, are the publishers. \$5 a year. We will furnish it to our subscribers at \$4.

From ORANGE JUDD & Co., the indefatigable agricultural publishers of New York, who publish no trashy literature, we have received the *Agricultural Annual* and the *Horticultural Annual* for 1870; both with calendars. The price is 50 cents each, cloth, and 75 cents, muslin. The works are profusely and beautifully illustrated. Every one who has a "garden patch" should have the *Horticultural Annual*.

**Vick's Floral Guide for 1870.** The First Edition of one hundred and twenty thousand copies of *Vick's Illustrated Catalogue of Seeds and Floral Guide*, is published and ready to send out. It is elegantly printed on fine tinted paper, with about 200 fine wood engravings of flowers and vegetables, and a beautiful colored plate, consisting of seven varieties of *Phlox Drummondii*, making a fine bouquet of phloxes. It is the most beautiful, as well as the most instructive *Floral Guide* published, giving plain and thorough directions for the culture of flowers and vegetables. The *Floral Guide* is published for the benefit of his customers, to whom it is sent free without application, but will be forwarded to all who apply by mail, for ten cents, which is not half the cost. Address, James Vick, Rochester, N. Y.

**A Treatise on Intro-ocular Tumors.** From original Clinical Observations and Anatomical Investigations. By H. KNAPP, M. D., late Professor of Ophthalmology in Heidelberg. Translated by S. COLE, M. D. New York. William Wood & Co., 1869, 1 vol., cloth, pp. 323.

The author divides his book into two parts, and an appendix. The first part treats of glioma of the retina, the second part of choroidal sarcoma, and the appendix of other forms of tumors occurring in the eye-ball. A number of cases are given, and careful descriptions of the pathological anatomy of the different forms of growth discussed. The paper and print are excellent. One chromo-lithographic and fifteen lithographic plates, are included. We have no doubt that the many ophthalmologists who are now in our country will find this volume a valuable acquisition.

**Transactions of the American Medical Association**, Vol. XX Philadelphia: Printed for the Association, 1869.

A number of valuable reports and papers are contained in this volume of the *Transactions*. So far as this applies to the reports of the Standing Committees, it must be limited by the fact that these reports are not intended in any wise to be expressive of the opinion of the majority in the Association but solely of the Committee, which usually means solely of the chairman of the Committee who writes them. This deprives them entirely of any value beyond any other expression of individual opinion, and thus very materially reduces their value the more so, as it is rarely the case that the Association pays much attention to the reports.

The report on the training of female nurses, has been already adverted to in this journal. That on a plan to relieve the widows and orphans of medical men, and that on establishing a Library of American medical works will find favor, we hope, with all. The reports on climatology include Texas, California, Massachusetts and New York. The Prize Essays are "Quinine as a Therapeutic Agent," by Dr. S. S. HERRICK, of New Orleans, and "The Physiological Effects and Therapeutic uses of Atropa and its salts," by Dr. ROBERTS BARTHOLOW, of Cincinnati, who is in the vein of writing prize medical essays.

Many of the articles are very valuable and practically useful. We may mention that on the uses of alcohol in medicine, by Dr. JOHN BELL, to which we referred last week, that on the peculiar appearance of the tongue in malarial fever, by Dr. WM. OSBORN, that on mollities ossium, by Dr. JOSEPH JONES, on cleft palate, by Dr. WM. R. WHITEHEAD, and on three cases of lead poisoning from the use of the popular cosmetic, known as "Laird's Bloom of Youth," by Dr. SAYRE. To this latter article we shall have occasion to refer at greater length hereafter.

The *Transactions* form a volume of 853 pages. There seems greater carelessness than usual in proof-reading, and some of the lithographs might be improved.



## MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 8, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, brief as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## 1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

## LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!  
AND SURGICAL INSTRUMENTS!!

1. For 1 new subscriber and \$5, a copy of the *PHYSICIAN'S DAILY POCKET RECORD*—or any other publication the retail price of which is \$1.50.

2. For 2 new subscribers and \$10, a copy of *NAPHEY'S MODERN THERAPEUTICS*, or any other book selling at retail for \$2.50.

3. For 5 new subscribers and \$25, any Books or Surgical Instruments to the amount of \$6.

4. For 10 new subscribers, and \$50, the same to the amount of \$12.50.

5. For 15 new subscribers, and \$75, an elegant Pocket-case of Instruments worth \$20—or Books or Instruments to that amount.

\* \* \* If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count \$5 only for the premiums.

## PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the *MEDICAL AND SURGICAL REPORTER* for January 1st, 1870, a *Splendid, First-Class, Original STEEL-ENGRAVED PORTRAIT* of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

A few ARTISTS' PROOFS of the Portrait will be struck off on boards of a size suitable for framing. Price \$1.00 each.

## THE NEW YEAR.

A severe illness prevented the usual New Year salutation to our readers last week. Though we have but little to say, we cannot let the occasion go by without passing the compliments of the season. As we pen these lines, the last minutes of 1869 are passing, never to return, except in the ever living memories of a happy or of a miserable eternity of an existence upon whose threshold we have but just stepped. May those memories bring before us all the deeds of lives spent in the service of the Master and of our fellow-men, that our eternity may be that of the "good and faithful servant!"

To our profession the past year, and two or three of its immediate predecessors, have not been years of material prosperity. The country has been blessed with an unusual degree of health, while the expense of living has been heavy, and the difficulty of making collections often very great. As the health of the people is our supreme law, we rejoice at the exemption from sickness which it is the constant effort of our profession to secure, and which, no doubt is in part at least, the result of our labors, albeit it places a financial burden upon us.

The new year opens mildly, quietly, pleasantly—and we may say, taking all things in the country into consideration—prosperously. The outlook is that of a year of great prosperity to the country. May all our readers share in that prosperity!

For ourselves, thanks to the efforts of our friends, we begin the new year with fairer prospects, and brighter hopes than ever we began a year before. We are adding largely every day to our subscription list, and shall have many more readers this year than we ever had before. It shall be our endeavor to make the *REPORTER* a more acceptable and useful journal this year than ever. To this end we trust our readers will contribute—1st, Their own subscriptions, promptly paid; 2d, New names to our list, and 3d, Contributions to our columns.

To all a HAPPY NEW YEAR!

## METHODS OF STUDY.

The principle that we must accept no law but experience is a disagreeable one to most minds. Most persons wish to be saved the trouble of forming their own generalizations, and many prefer to have them cut-and-dried for them by other minds. Others feel uncomfortable and at a loss when they recognize that they are acting from uncertain observation only, and not in accordance with fixed laws. Others again are so far from the standpoint of pure science that they condemn at once and unqualifiedly the man who confesses that he has no other guide than what his senses teach him. They say, this is a man without fixed principles.

Now, to the true philosopher nothing is more abhorrent than these very *fixed principles*. To him they are nothing but the dogmas of an unripe and a short sighted experience. They are embryos and incomplete forms fossilized and applauded. He prefers to hold all his opinions subject to revision. He knows that the absolutely true is quite beyond his reach, and he does not pretend to it. He also sees that it is fatal to advancement to suppose that the goal has already been reached.

This is the reason why, in medicine the enlightened student will renounce every exclusive dogma, and set down at once as erroneous every system that claims to act on any such as a basis. He will distrust any teacher who dogmatically defends any set theory of disease. He will avoid as a time-waster every instructor who rides a hobby. He will not seek an exact classification of every case of disease, nor will he insist upon a definite reason for every drug he gives.

Such a reliance on experience and experience only, such a cultivated determination to see nothing in a case but what is actually there, will in time lead to sounder methods of practice than will any subservience to, or blind faith in, the precepts of writers or teachers; and it is this habit of self-study, rather than any particular principles, which the wise teacher will seek to inculcate.

## A Suggestion.

A correspondent writes: "In the Bellevue Sloop case a trephine should have been applied to the man's head; this, moreover, was indicated by the depression of the skull in combination with the other symptoms."

## Notes and Comments.

## Medical Profession in Virginia.

An invitation has been extended to the members of the medical profession in the State of Virginia to form a society, to meet at Richmond. Since the war this organization has ceased to exist. In the ensuing spring the National Association will convene in Washington city, and it is desirable to accomplish this object in time to nominate delegates to represent the State in that body.

## Pure Wines.

The use of alcohol as a medicine, in some form or other, is now so widely spread that it is a matter of great importance to know where to get *pure wine*. Nearly all foreign wines are either of very inferior quality, adulterated, or excessively dear. Our native wines on the contrary can be obtained cheap and pure, and if our readers are anxious to know from whom we mention as fully deserving their confidence, Mr. E. A. THOMPSON, of Cincinnati, Ohio, (76 West 3d street). Mr. THOMPSON is president of the "American Wine Growers Association," and has a vineyard of sixty acres, from which he makes both still and sparkling wines, of a purity, a flavor, and a price that render them worth the attention of every physician. Those of our readers who wish, can send to him for a "Price List."

## Body Snatching.

A correspondent sent the *Pall Mall Gazette* the following remarks on a rather ghastly subject, but one of great importance to medical science:

The scarcity of bodies supplied for dissection in our metropolitan medical schools is becoming more and more marked each year. Formerly, on the first day of October, which is the commencement of the medical session, bodies were in readiness on which the students study anatomy practically; whereas, at the beginning of the present week only eight subjects in all had been distributed among the eleven metropolitan medical schools. If this want continues much longer, men will have to go to the continental schools, or the study of anatomy will be very imperfectly pursued, whereby the advancement of surgery will receive a mortal wound—the public being the sufferers. Either the stringent "anatomy act" must be revised, or existing impediments to a proper supply of subjects under its working must be removed. In Paris bodies can be obtained for dissection, or for the practice of operations, for five francs each, while in London they cost upward of £3 each. The experiment of bringing up unclaimed bodies from the country workhouses has been attempted, but the expense attending their carriage to London has rendered it impracticable. Not

many years ago a system of secret expiation was for some time successfully carried on from Liverpool to the Scottish medical schools, as great difficulty was experienced in obtaining them there otherwise. The conviction and punishment of the offenders under the prosecution of the late Sir Charles Crompton effectually put a stop to the proceeding, but gave rise to an increased amount of "body snatching."

## Correspondence.

### DOMESTIC.

#### Strangulation of Bowels Caused by Tying of Ileum.

EDS. MED. & SURG. REP.:

I was called on the eighth of Nov. '63, at 5 a. m., to Artemas Sharpe, male, aet. 20, robust health; trapping and hunting being most of his occupation. Found him suffering severe spasmodic pain in small intestines; had vomited a quantity of bilious matter, and the ingesta which consisted of oysters and pickles which had been eaten late the previous night. I placed him on treatment as for ordinary bilious colic,—for which I took the case. Producing no relief, and having also failed to produce a passage from the bowels by 11 of the same morning, I suspected some obstruction, the nature of which I could not determine. The enemata were kept up with, in hopes of producing an evacuation. For several days the pain was intermittent, leaving some time half an hour interval between pains. In this condition he remained, growing gradually worse until the seventh day, when he died, with all the symptoms of acute obstruction. On the post mortem examination, the strange and hardly credible cause of the strangulation was revealed. The ileum near the ileo-caecal valve was tied on itself, in a hard and tight knot, with a loop of the ileum beyond the knot, distended to its utmost by the incarcerated gases. The peritoneum over this and about the knot was mortified, having been much stretched to allow the knot. As an illustration of the knot: place a cord in the position placed by druggists when tying a cord on a bottle, pull the loop with one hand, and the free ends with the other, and you have the knot. Much speculation may be indulged in, in solving how came that knot. The person, as I stated, was a strong and robust youth, accustomed to hardship and exposure. There is only one cause that may have paved the way. The subject was in the habit of girthing himself very tightly with a large leather belt. In this condition seated in the Indian manner in his canoe, he would paddle and push it for miles against rapid currents. This may have acted mechanically on the folds of peritoneum, giving the bowels more than usual play. Having

never seen a case in any way analogous on record, I deemed it of enough interest to forward it to you, as a case both strange and anomalous.

Respectfully yours,

P. C. REMONDINO, M. D.

Wabashaw, Minn., Dec. 9th, '69.

#### Strangulated Hernia.

EDS. MED. AND SURG. REPORTER:

I was called to see Charles Laurence, aet. 10 years, Sept. 27th, 1869. Found him suffering intense pain in the abdominal region with distension, constant thirst, nausea, vomiting. On examination I detected strangulated inguinal hernia on the left side. On inquiry, the mother informed me that the hernia was congenital. After he became four years of age, she consulted a physician who procured a truss which was worn two years, and the case considered cured. But on the evening of the 24th Sept., he came in complaining of intense pain in the inguinal region, extending to the scrotum and thigh, the mother being satisfied that the pain was the result of his former trouble, she attempted to reduce it. Continuing her efforts occasionally until I saw him, which was three days after the protrusion, I found the pain, soreness and swelling over the region of the tumor, extending to the scrotum, so severe that the proper use of the taxis was impossible. After using the general remedies to relax the system in connection with local applications, I made another attempt at reduction and failed. I then told the mother that the boy's present condition, considering him as I did on the threshold of peritonitis, demanded an operation as the only chance of safety. I sent for my friend, Dr. STONE, of Coatesville, who, after a careful examination formed, the same opinion as myself, and attempted the reduction of the bowels, but without success.

Chloroform having been administered by Dr. STONE, the taxis was again attempted but failed. I then cut down upon, and carefully exposed the sac. I found the obstruction to reduction consisted in constriction and adhesion of the parts round the neck of the sac, rendering the division of the fibres round the neck, and also the opening of the sac, a matter of necessity; the bowel was very dark colored and highly congested, on account of its three days' imprisonment. The bowel was easily returned, the edges of the wound were closed with sutures, and the dry dressing used, and my little patient in two weeks was able to be about.

N. G. THOMPSON, M. D.

Brandywine Manor, Chester co., Pa.

#### Stricture of the Urethra.

EDS. MED. AND SURG. REPORTER.

Permit me to report a case of *stricture of urethra*,

through your valuable journal, which I was called to operate upon.

The history of the accident, as far as I could learn, was of this character. The man was employed in drilling an oil well, and was in the act of inserting the tools into the well. I might here state, that the tools used for drilling an oil well weigh from eighteen (1800) hundred to two (2000) thousand pounds, and that they use what is known as *bull-wheels*, for hoisting and lowering tools, casing, tubing, and the like. The man stepped on an arm of the wheel in order to raise the tools, so that a wrench might be removed on which the tools were resting, but being rather light for the work, he gave the wheel a quick jerk, which raised the tool sufficiently high for his comrade to push the wrench off. The tools then passing down the hole caused the wheel on which the man was standing to revolve with great velocity. One of the steps on the wheel caught the man in the perineum, taking him over and fastening him against the derrick which locked the machine. So tight was he wedged in, that it required four men to extricate him. After his removal to his boarding-house several physicians were called in, and after the lapse of twenty-four hours it was found he could not pass water.

The medical gentlemen then, in turn, attempted to introduce a catheter into the bladder, but found in the spongy portion, between the *prostate gland* and the neck of the bladder the urethra and parts so much lacerated that it was impossible to effect an entrance into the bladder. Warm baths with all the usual remedies were resorted to, but nothing seemed sufficient to effect a passage of urine. When I arrived—which was about forty-eight hours after the accident,—he began to show that delirium which is caused from uric acid circulating with the blood. After a consultation with my medical friends it was agreed that the best plan to relieve him was to place him in the usual position for the operation of lithotomy, which was done after an anæsthetic was administered. A grooved sound was passed down to the stricture. I then cut in as in the lateral operation for lithotomy, until I found the end of the sound, after which I enlarged the passage into the bladder. A silver catheter was then introduced into the bladder and allowed to remain for about two weeks, when it was found that the external wound was rapidly closing. The catheter was withdrawn and the patient began to pass water by the natural channel. At the end of four weeks the man appeared to have entirely recovered.

WM. B. WYNNE, M. D.

Tarr Farm, Venango county, Pa.

#### "Physicians as Dispensers of Medicines."

An article appears in the issue of the REPORTER for Oct. 30th, under the above heading. It may not be amiss to allude to the subject again, *per con-*

*tra*, comprising at the same time that it is hard to divest ourself of the notion that the writer of the article was jesting.

Be that as it may, there are two classes of persons who will defend it, viz: 1st. The unthinking, and 2d. That class who can more readily compound a nauseous dose of medicine than they can write a prescription in regular form. It must not be inferred that that writer of the article referred to belongs to either of the above classes, but he has them on his side.

It is only intended to show the other side of the picture, and not to answer the arguments of the writer.

It is next to impossible for a physician doing a busy and laborious practice to compound his medicines so as to make them palatable to his patients, or to secure, as suggested, "alkaloids and other preparations from manufacturing chemists." In the first place, all the articles of the *materia medica*, as required in practice, are not put up by his competent reliable chemists; and secondly, and more especially, they are not compounded in such form or proportions as each individual case demands. In this connection it will be well to quote from the "Report on Drugs and Medicines" to the Illinois State Medical Society for the current year by Prof. N. S. Davis, of Chicago. He says: "We touch only on one subject connected with Pharmacy. During the last four years there has been a rapidly increasing on the part of Pharmacutists to manufacture and urge upon the public and the profession proprietary compounds, such as elixirs, concentrated powders, fluid extracts, etc.

And in the opinion of your committee the members of the profession have been too ready to adopt and use such preparations in practice. In the opinion of the Chairman of your Committee this has been a prominent evil:

1st. The use of such compounds instead of the official articles of the Pharmacopeia destroys all uniformity in use of drugs by the different practitioners, and makes it extremely difficult to compare the results of medication in the same forms of disease by different practitioners.

2d. There is no security for the continued uniformity in the strength of such compounds.

3d. The use of such proprietary compounds by the profession gives to the manufacturers and druggists greatly increased influence in imposing them on the community as *popular remedies*.

4th. Their use by physicians tends strongly to beget carelessness in prescribing, that is carelessness in adjusting the exact proportion of each ingredient in a compound prescription to the condition of individual patients.

"Having at hand a compound of quinine, strychnine, iron, etc., it makes a strong inducement to



give the same to A, B, and C, though, in fact, A needs only one grain of quinine to five of iron, and C needs two of quinine to two of iron. We hold that it is one of the most important and delicate duties of the physician to adjust the proportion of all compound prescriptions to the pathological condition of each patient. And his success in the cure of disease depends as much on his skill in this respect as on his selection of the remedies he shall use.

"The true duty of the pharmacist and druggist is to furnish the profession with individual articles of the *Materia Medica* in their present, most concentrated, and most convenient form, having the physician to continue them to suit each of his patients."

The unpalatable, nauseous doses of medicine given by men who prepare the medicine required by their patients is the main reason why Homoeopathy has made anything approximating a success among the people and against the profession.

While the practitioner is compounding his remedies for his patient, (however nauseous,) would he not be more profitably employed, for his own benefit, as well as for his patient, by investigating the authorities in regard to the pathology, symptoms, and treatment of his case.

It is just as apt to occur that the physician will fleece his patron by overcharging for the medicine he furnishes his patient as that he will secure the fifty per cent. from the druggists. Mistakes are more fatal if they occur with a man putting up his own medicines than if written and put up by a druggist. The latter inspects it and if he be suspicious anything wrong in any respect he dare not put it up without seeing the doctor who wrote it. Whether in city or country practice every physician is presumed to carry a small pocket case of medicines for emergencies.

I will state a connection with my own practice. Many years ago I had a patient (a lad twelve years old) who, after being treated for typhoid fever about two weeks, was seized with cancrum oris. A few days after two members of the profession (without my knowledge,) were called to see him. They told the family that the condition of the boy's mouth was brought about by the improper use of calomel. Before I was aware of it the report was all over the city in a highly exaggerated form, that this horrid state of things was the result of my imprudence or incapacity, and as a consequence a high state of indignation existed. On learning these facts I went to the house with the consciousness that if the bottles, boxes and envelopes which had contained all the medicines I had prescribed for the patient, had been preserved, so that they could be subjected to an inspection of what they had contained I could hurl back the tide of indignation.

Fortunately they were all produced and it was agreed by the family, and they were correct, that these had contained all the medicines the boy had taken which had been prescribed by me. I then selected two gentlemen of acknowledged integrity and one of the physicians whose opinions had been expressed, and had them go with me to the house of the patient. The father and mother handed out all the articles which had contained the medicines I had prescribed,—all were numbered and the name of the druggist on each article. We then repaired to the drug stores where the medicines had been put up, and after an examination it was found that not a particle of mercury in any shape had been administered, or rather prescribed by me. In order to place myself right before the public a certificate of the facts was signed by the persons who made the investigation and published in the city papers.

Suppose I had put up the medicines myself, of what avail would my oath or affirmation have been, to rid me of the odium?

If we have not competent druggists, let such men as the writer of the article referred to employ a portion of their time in educating public sentiment to the necessity of a law on the subject; and until such time let us all refuse to patronize incompetent druggists, or any who will give a physician a per cent. for his prescriptions. I always do it, and tell my patrons I will not be responsible for anything put up at such places.

The practice of medicine, and the compounding of medicines are different occupations in life, as much so as an architect and a house carpenter or brick mason. The latter occupations do not prevent the former knowing all about their business, no more than it prevents a physician knowing all about medicines.

It is too expensive for a practitioner to keep in his office all the medicines and appliances he prescribes. Many articles which are indispensable to him would remain on his shelves until they deteriorated by age, and these too of that class of remedies which no man would feel safe, in the performance of his duties, unless they were within his reach.

W. M. CHAMBERS, M. D.

Charleston, Ill., Nov. 23d, 1869.

#### Uterine Hydatids.

EDS. MED. AND SURG. REPORTER:

Mrs. —, æt. 26, the mother of four children, in the enjoyment of good health usually. About three months ago her monthly periods ceased when she also noticed a tumor forming in the abdomen, as she supposed the beginning of pregnancy; she was, at times, troubled with nausea and general weakness. This continued to increase in severity, her pulse was rapid, tongue dry, and as she thought was

threatened with abortion; she discharged a white substance, that did not coagulate; she afterwards discharged blood which clotted; she then had pains, simulating labor pains, which did not continue long until she discharged considerable quantity of vesicles varying from the size of a mustard seed to that of a grape filled with a pellucid fluid, these clustered together, making a mass the size of hen egg. The patient was given fluid ext. ergot, causing the expulsion of the remaining vesicles, in all amounting to a mass the size of the head of an infant.

The tumor has entirely disappeared, the patient recovering gradually.

L. H. LAIDLEY, M. D.

*Carmichaels, Pa., Dec. 6th, 1869.*

## NEWS AND MISCELLANY.

### Humboldt.

Robert von Schlagintweit has published some interesting personal reminiscences of Humboldt. So far as the philosopher's habits of life may be supposed to throw any light upon his remarkable health and longevity, the details are curious. It appears that, although he slept but little, he remained in bed as long as most persons. He was accustomed to regular hours of study and a certain unbroken routine of life. He had no taste for mere recreation in early life, and it is not known that he ever danced, or played a game of cards. During his travels he occasionally smoked, but rather for the purpose of keeping off malaria or mosquitos, than from any pleasure in the habit. During the last sixteen years of his life he never walked out, yet his health was not affected, either by sedentary habits or the close atmosphere in which he lived. His voice was clear and his eye bright to the last, and his death came naturally from the exhaustion of the physical functions.

## Army and Navy News.

### Naval Orders.

Detached—Surgeon P. S. Wales from the Portsmouth, and ordered home; Surgeon D. R. Bannan, from the naval station, Mound City, Illinois, and ordered to the Naval Hospital, Pensacola. Surgeon A. S. Oberly has been ordered to the Portsmouth.

### OBITUARIES.

THOMAS CLARKSON MOFFATT, M. D.

Dr. Thomas Clarkson Moffatt died, at his late residence on Staten Island, December 26th. Dr. Moffatt entered the Seamen's Retreat Hospital in 1851, and was its Physician-in-Chief for more than fifteen years. He was also

for many years Vice President of the Richmond County Medical Society, and Visiting Surgeon of the Smith Infirmary. He was also Village and School Trustee, Elder of the First Presbyterian Church, Director of the Young Men's Christian Association, Edgewater, and held many other positions of honor and trust.

Dr. Moffatt was much loved by thousands of sailors who were under his charge at different times, and his death will be deeply regretted, not only by them, but by a large circle of personal friends.

Dr. Moffatt was a subscriber to this Journal for a great many years.

BENJAMIN F. HEYWOOD, M. D.

Dr. Benjamin F. Heywood, one of the oldest citizens of Worcester, died recently, aged seventy-five years. He graduated at Dartmouth College in 1812, and at the medical school in Yale College in 1815. He has held various city offices, and was a director in the Worcester Bank since 1831. He was also a counselor and censor of the Massachusetts Medical Society, and in 1859 became a member of the society of the Cincinnati.

### MARRIED.

ALLEN—COLTON.—On Dec. 29, 1869, by the Rev. Dr. Humphreys, Dr. Harrison Allen and Julia A., youngest daughter of S. W. Colton, all of this city.

DORAND—PRESTON.—December 26th, by Rev. G. Oram, Dr. William R. Dorand, of Shamburg, Pa., and Miss Margaretta M. Preston, of this city.

HILL—LONG.—Dec. 9th, by Rev. J. S. Marquis, assisted by Rev. J. W. Kesler, Dr. S. E. Hill, of Dunningville, Pa., and Miss Sadie E., daughter of Thos. H. Long, Esq., of Independence, Pa.

SPRINGER—RICHARDSON.—In the First Baptist Church, Lawrence, Mass., Dec. 23, by Rev. J. B. G. Ridge, assisted by Rev. H. A. Cook, of Boston, Dr. W. O. G. Springer, of South Yarmouth, and Miss Addie Richardson of Lawrence.

### DIED.

GRIFFIN.—In New York, Dec. 29, Charlotte Harrison, wife of Dr. Thos. B. Griffin, aged 45 years, 10 months and 11 days.

PORTER.—Dr. Ebenezer Porter, a prominent citizen of East Poutney, Vermont, fell from his carriage a few days since and died almost instantly. His age was 65 years.

RUDENSTEIN.—On the 9th of December, at the United States Hospital, Pensacola, Florida, Surgeon John Rudenstein, U. S. Navy, aged 45 years.

WHITE.—In Brooklyn, Dec. 25, Bartow F. White, M. D., in the 69th year of his age.

### METEOROLOGY.

DEC.	20.	21.	22.	23.	24.	25.	26.
Wind.....	S. W.	N. E.	S. W.	N. W.	W.	N. E.	N. E.
Weather. }	Clear	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Cl'dy
DepthRain		Snow	Rain				Rain
			9-10				1 4-10
Thermom. ..							
Minimum..	22°	14°	33°	17°	16°	18°	31°
At 8, A. M.	35	29	46	36	28	31	48
At 12, M.	37	31	53	35	37	38	49
At 3, P. M.	37	31	52	37	39	39	48
Mean.....	32.75	26.25	46.	31.25	30.	31.50	44.
Barometer..							
At 12, M.	30.3	30.4	30.	30.3	30.4	30.4	30.2
Germantown, Pa.				B. J. LEEDOM.			